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PART 9/21

COMMISSION STAFF WORKING DOCUMENT

EVALUATION

Interim Evaluation of the Horizon Europe Framework Programme for Research and Innovation (2021 - 2024)

Accompanying the document

Communication from the Commission to the European Parliament and the Council

Horizon Europe: Research and Innovation at the heart of competitiveness

{COM(2025) 189 final}

Annex 17: Evaluation of Global Health EDCTP3 JU

Annex to the Commission's interim evaluation of Horizon Europe

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1. Effectiveness

According to the evaluation support study¹, the **EDCTP2 programme (2014-2026)** is on track to achieve the following objectives:

1. Accelerate development of new or improved **medical interventions** against poverty-related infectious diseases,
 2. **Strengthen cooperation** between European and sub-Saharan African countries, in particular to build the latter's **capacity** for conducting high-quality innovative clinical research,
 3. **Coordination**, alignment and integration of **European National Programmes**,
 4. Work with a **broad range of public and private partners** to maximise the impact of research, to attract additional investment, and
 5. Establish **collaborations with other EU initiatives**, particularly those related to international cooperation.
1. In the area of **medical interventions**, EDCTP delivered three new medical interventions for registration by the European Medicines Agency by the end of 2023. EDCTP2 has launched 371 clinical studies. The majority of these studies involve clinical trials and interventional studies of drugs, vaccines, broadly neutralising antibodies, diagnostics and other interventions, with 39 % of studies comprising non-interventional studies (e.g. observational, cohort, epidemiological and other studies). **Eleven medical interventions being evaluated in EDCTP2 projects have progressed in clinical development.** In addition, EDCTP2 funded projects have produced 1 335 scientific peer-reviewed publications.
 2. For **collaboration and capacity development**, EDCTP2 has awarded 215 fellowship grants which support a total of 362 fellows from 39 African countries. EDCTP2 also funded 299 capacity building projects with 2 881 short-term trainings organised within projects and 53 270 persons trained. Overall, the EDCTP programme has been mentioned as 'a successful initiative which has developed capacities and supported local leadership in many African countries' by the Supplementary report on implementing World Health Assembly resolution 75.8 (December 2022).
 3. With the objective of **European coordination**, EDCTP2 leveraged contributions in cash and kind from the European participating states of EUR 1.2 billion by the end of 2023, exceeding the EU target of EUR 683 million related to the matching of funds provided by the European Commission.
 4. For external partnerships, EDCTP2 increased **international cooperation** with public and private partners: By the end of 2023, the total number of institutions involved in EDCTP2

¹ The study supporting the evaluation of the Global Health EDCTP3 joint undertaking: <https://data.europa.eu/doi/10.2777/555121>, and the Second European and Developing Countries Clinical Trials Partnership Programme (EDCTP2) updated second interim evaluation: <https://data.europa.eu/doi/10.2777/017474>

projects is 538, including 309 sub-Saharan African institutions, 210 European institutions, and 12 institutions from other (third) countries.

5. With the objective of **collaboration with other EU initiatives**, EDCTP2 increased interaction with other EU initiatives by securing co-funding from Sida, USAID, Gavi, The Global Fund, UNITAID, AECID and Médecins Sans Frontières.²

The Global Health EDCTP3 JU (GH EDCTP3) started its programmes in 2022 and has established a **monitoring framework to measure progress** and key impact pathways that correspond to Horizon Europe's objectives. Regulation of Horizon Europe indicators are complemented by those specific to the JU's objectives. Indicators will be reported at country level annually³ and inform the monitoring and periodic reviews in accordance with Article 171 and Horizon Europe Regulation⁴.

The **long timelines for the development of medical interventions** mean that impact of GH EDCTP3 grants will only be documented in the years to come. GH EDCTP3 therefore draws on the successes and scientific achievements of EDCTP2. At this stage, most of GH EDCTP3 **objectives have some activities undertaken between 2021-2024**, including the relevant calls and projects launched.⁵

Long-term impact from clinical research under this partnership include:

1. Medical interventions:

- [The world's second malaria vaccine \(R21\)](#) was developed through clinical studies supported by EDCTP. As a result, the vaccine received the recommendation for global use by the World Health Organisation in 2023. 608 000 people died from malaria globally in 2022, mainly children.
- A clinical trial supported by the EDCTP developed a simpler, safer and cost-effective [treatment for cryptococcal meningitis](#) which is a disease particularly affecting patients with HIV/AIDS. As a result of this study, the WHO revised its guidelines for the treatment of cryptococcal meningitis in people living with HIV.
- The DREAMM study supported by EDCTP and published in [The Lancet HIV](#) in October 2023 identified interventions that halved mortality of people living with HIV with suspected HIV-related infection of the central nervous system. It demonstrated how effective pragmatic implementation strategies can substantially reduce deaths from HIV-related infections in resource-poor settings in Africa.
- The CHAPAS-4 study supported by EDCTP [found](#) newer antiretroviral combinations that were superior to existing treatments of HIV/AIDS which improves the treatment of HIV in children.

² Second European and Developing Countries Clinical Trials Partnership Programme (EDCTP2) updated second interim evaluation: <https://data.europa.eu/doi/10.2777/017474>

³ GH EDCTP3 (2022). Strategic Research and Innovation Agenda. p. 25.

⁴ Council Regulation (EU) 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe and repealing Regulations (EC) No 219/2007, (EU) No 557/2014, (EU) No 558/2014, (EU) No 559/2014, (EU) No 560/2014, (EU) No 561/2014 and (EU) No 642/2014. ST/12156/2021/INIT. OJ L 427, 30.11.2021, pp. 17-119.

⁵ Partnership for the Global Health EDCTP3 joint undertaking – Evaluation support study on Horizon Europe's contribution to a resilient Europe, 2024, <https://data.europa.eu/doi/10.2777/555121>

- A clinical trial in Côte d'Ivoire and Kenya that was supported by the EDCTP developed a new paediatric treatment for schistosomiasis that tailored to young children who are bearing the brunt of this disease. [The European Medicines Agency recommended this treatment for children](#) in 2023 and as a result, the WHO added the treatment to its list of pre-qualified medicines.
- An EDCTP-supported clinical trial in Malawi and Uganda developed a first oral treatment for sleeping sickness, which is a rare but extremely lethal form of sleeping sickness found in Eastern and Southern Africa. The [European Medicines Agency adopted a positive scientific opinion](#) which will inform the WHO for an update on its treatment guidelines for sleeping sickness.
- Two studies provided important information on two vaccine candidates which were eventually deemed not to be effective and further development stopped. The PrEPVacc study [stopped its experimental vaccine regimens](#) early as the interim analysis showed that these would not be efficacious in preventing HIV infection. The [final analysis](#) showed that the vaccines failed to protect against infection. The POR TB consortium reported that a Tuberculosis candidate [vaccine had failed to protect against TB recurrence](#). The results were communicated directly and transparently. These results will inform decisions about the development of future vaccines against these important diseases.

2. Cooperation and capacity building

In collaboration with the African Union, the Africa Centers for Disease Control, the WHO, and 70 countries, the EDCTP supported the build-up and strengthening of clinical trial ecosystem and infrastructure.

Four [Networks of Excellence](#) were established in Western, Eastern, Central, and Southern Africa respectively that covered 63 institutions across 21 countries in sub-Saharan Africa that improved clinical research capacity in areas such as good clinical and laboratory practice, data management, trial monitoring and financial and project management. These networks can attract future clinical trials to the respective region and become self-sustaining.

Through its fellowship programme EDCTP2 has supported 362 African researchers at different career stages, helping to maintain a pipeline of scientific talent in the region. Several of the epidemiologists that guided African governments during the Covid Pandemic had received earlier training from EDCTP. In 2022, the [World Health Organisation described the EDCTP programme](#) as “a successful initiative which has developed capacities and supported local leadership in many African countries”.

EDCTP grants have so far funded 2 811 short term trainings with a total of 53 270 participants trained. In addition, EDCTP2 is supporting 992 students pursuing Bachelor's, Master's and PhD degrees and 64 post-doctoral researchers. Gender balance across the different trainee levels is comparable, including at the PhD level (48% women; 52% men).

According to the evaluation support study and the second interim evaluation, the expansion of the EDCTP Association to 15 countries in Europe and 29 in Africa has increased the international collaboration for clinical trial-related research and the visibility of the partnership in sub-Saharan Africa (SSA). In several countries, the EDCTP is the main funding opportunity for SSA countries to undertake global health research and innovation. Moreover, the World Health Organisation (WHO) recognised the exemplary role of this partnership in the ongoing global discussion on clinical research capacity.

In 2024, an emergency call with a budget of EUR 12 million to address an Mpox outbreak in the DR Congo was launched by the Global Health EDCTP3 with 5 of the 9 projects starting

before a public health emergency was declared by the WHO. EUR 7.1 million of this call budget were leveraged from countries in the EDCTP Association, positioning the GH EDCTP3 as an effective instrument for emergency calls including integrating other funders.

3 & 4. European coordination and international collaboration

The AU-EU Innovation Agenda was adopted by EU and AU research ministers in July 2023 and serves as strategic framework to foster collaboration between the European Union and the African Union. A roadmap has been agreed to implement the Innovation Agenda on shared priorities until 2030. Public Health has been agreed as a priority area for translating research and innovation into health products, services, and jobs in Africa. This includes agreeing joint research agendas, promoting tech-transfer and capacity building, and prevention of future health threats. The EDCTP is listed as an important enabler for the implementation of the health strand of the agenda.

The additional activities that the EDCTP requires from its member countries in Europe and Africa have produced important leverage in financial terms (EU contributions of EUR 683 million leveraged EUR 1.2 billion for additional activities by participating countries from 2014-2023). It also allowed the coordination of the 228 additional activities and vetting by the EDCTP and the Commission for alignment and coherence.

5. Collaboration with other EU initiatives

In response to the pandemic, the EU with its Member States has established a [Team Europe Initiatives to support local production of pharmaceuticals](#) (MAV+) and strengthen public health institutes, digital health, and One Health in the long term. The EDCTP has been an important enabler of these initiatives by providing products suitable for local production, building the scientific and regulatory capacity, and making the link to industry.

2. Additionality

	Expected/planned “members” ⁶ minimum contributions, as per founding legal act and legal decisions (2014-2026)			Actual “members” contributions, (2014-2023)		
	EU ⁷ contribution in million EUR	Total contributions by partners, in million EUR (of which only cash)	Expected direct leverage factor (of which only cash) ⁸	EU contribution in million EUR	Total contributions by partners, in million EUR (of which only cash)	Direct leverage factor (of which only cash)

⁶ An Art. 185 initiative does not have ‘members’ in the sense of a Joint Undertaking. The European Union, represented by the European Commission, contributes to an initiative jointly carried out by EU Member States.

⁷ Up to EUR 800 million foreseen according to the EU 2021/2085 Council Regulation, Art. 102. GB Dec 18/2024 defines that the EDCTP Association increases their commitment by EUR 110.122 million and that Commission will match these additional contributions:

https://globalhealth-edctp3.eu/sites/default/files/2024-07/GH-EDCTP3-GB_18_2024-WP2024_AMEND1_0.pdf

⁸ Financial contributions from the participating states were required for EDCTP2 (see Art. 5 of DECISION No 556/2014/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 15 May 2014 on the participation of the Union in a second European and Developing Countries Clinical Trials Partnership Programme (EDCTP2) jointly undertaken by several Member States). However, no minimum amount was listed, thus even a contribution of a symbolic Euro would have satisfied the legal requirement. In the event, participating states contributed EUR 179 million in cash. According to the EU 2021/2085 Council Regulation, Art. 103 (2) the contributions from the members other than the Union “may consist of financial contributions” but these are not required.

EDCTP2	683	683 (0)	1 (0)	604	835 (169)	1.38 (0.28)
GH EDCTP3	910	950 (0)	1.05 (0)	103	171 (18)	1.66 (0.18)

The EDCTP2 programme received an EU contribution of EUR 683 million from Horizon 2020. The EU Member States of the EDCTP Association declared an actual total contribution of EUR 1 209 803 286 as of 31 December 2023, of which EUR 13 418 060 were in cash. The programme received cash contributions of EUR 13.8 million from third parties (e.g. Coalition for Epidemic Preparedness Innovation (CEPI); Botnar Foundation, Novartis).

The GH EDCTP3 programme, according to the legal basis, was initially supposed to receive an EU contribution of up to EUR 800 million under the Multiannual Financial Framework (MFF) for 2021-2027, to be matched by contributions from the EDCTP Association of at least EUR 439.9 million and contributions from contributing partners of up to EUR 400 million. With the association of the UK to Horizon Europe as of 2024, the contribution from the EDCTP Association has been increased to EUR 550 million. The EU contribution is increased accordingly to EUR 910 million under the MFF for 2021-2027.

So far, the EDCTP Association has committed EUR 540 million of in-kind contribution to additional activities, contributing partners have committed EUR 33 million of financial contributions. The total EU contribution committed so far is EUR 445 million.

The EDCTP3 interim evaluation noted that larger foundations, such as the Gates Foundation, can emphasise their priorities, while having a system that is strategically more accommodating to a diverse range of third parties. This can have the advantage of addressing prevalent inequalities, regarding language, gender, and regional disparities. Discussions with other potential contributing partners are currently still ongoing and are led by the Global Health EDCTP3 JU.

Following its predecessors, the Global Health EDCTP3 JU facilitates the creation and expansion of R&I networks that bring together relevant and competent actors from across Europe, thus contributing to the realisation of the ERA and its expansion.

The EDCTP2 programme exceeded its expected leverage by 78% (resulting in additional EUR 1.78 leveraged from other funders for each EUR of EU support, relative to an expected additional EUR 1) and the GH EDCTP3 programme is on course to exceed the expected leverage by 21% (additional EUR 1.21 leveraged for every EUR of EU contribution, relative to an expected additional EUR 1).

With the 2024 work programme, the EDCTP Association is voluntarily contributing an additional EUR 15 million in cash. But contributions from European and African countries are largely in-kind, investing in the clinical research directly from their national programmes in a coordinated way. The contributions from partners other than the African and European countries are low so far. Through the work programme 2025 and later years, a significant boost of this type of contribution should be expected.

3. Transparency and openness

Both EDCTP2 and GH EDCTP3 have been **successful at attracting newcomers**. The share of participation and of EU funding going to organisations previously not funded by the EU is shown in the table.

The **SME participation/EU funding going to SMEs is low** (also see table below). It compares unfavourably with SME participation across the Health Cluster, Pillar II of Horizon Europe (12.2% of funding going to SMEs). The Work Programme 2024 included more call topics with particular appeal to SMEs such as diagnostics and digital health applications, with a view to address the shortfall.

Newcomer and SME participation and funding

		Newcomers		SMEs	
		Number/amount	%	Number/amount	%
EDCTP2	Participations	723	41.9	70	4
	Unique participants	328	61.1		
	Funding	EUR 343.1 million	42.2	EUR 28.2 million	3.5
GH EDCTP3	Participations	94	25.2	10	2.7
	Unique participants	76	34.9	8	3.7
	Funding	EUR 36.7 million	23.5	EUR 2.91 million	1.9

The interim evaluation support study on a Resilient Europe found that the restriction of EDCTP3 funding to EU Member States, Horizon Europe Associated Countries, or constituent states of the EDCTP Association is a factor that limits the participation of relevant stakeholders from African countries as financial coordinators. The report acknowledges the mitigation measures undertaken, namely, to require the identification of a scientific coordinator from Africa where the project is by a European entity.⁹ The BMR survey responses outline that GH EDCTP3 undertakes a variety of measures to involve different types of stakeholders and countries.¹⁰

The GH EDCTP3 is a Joint Undertaking of the EU and the EDCTP Association. All those countries are eligible for funding from the programme that are members of the EU, associated to Horizon Europe, or members of the EDCTP Association. The EDCTP Association was set up in 2014 to manage the predecessor EDCTP2 programme. It was created to bring together countries in Europe and Sub-Sahara Africa and had initially 13 European and 8 African countries as members. Since then, the membership has been expanded particularly in Africa. As of October 2024, there are now 15 European and 29 Sub-Sahara African member countries. The expansion of its membership in Europe is slower than anticipated. This may be due to the fact that researchers from EU Member States are able to participate in the programme irrespective of membership in the Association.

The interim evaluation report flags a regressive development, limiting African co-leadership and ownership under GH EDCTP3, in comparison to EDCTP2. According to the partnership's legal framework, project coordinators can only come from EU and associated countries, as well

⁹ PPMI Resilient Europe study interim evaluation GH EDCTP3, page 20

¹⁰ PPMI Resilient Europe study interim evaluation GH EDCTP3, page 16

as countries with whom a bilateral Science and Technology Agreement has been signed. It excludes project coordinators from Sub-Saharan African countries, with the exception of South Africa. In terms of openness, this is perceived as a step backwards by many stakeholders, as Projects financed under EDCTP2 had previously been coordinated and financially managed by research institutes in other African countries as well. Mitigation efforts have been instituted, such as requiring projects to determine a scientific project lead in addition to the financial coordination role and attributing the scientific lead to African collaborators. Going forward, it would be useful to consider how the legal and assurance framework could be adapted to return to a truly equal partnership approach for project coordination between African and European counterparts.

For GH EDCTP3 the legal basis now allows for formal involvement of so-called contributing partners that may be other countries or other funders from the public, private, or philanthropic sector. These contributions can be agreed in cash or in kind for each call for proposals. So far, such contributions have been made by not-for-profit foundations and pharmaceutical companies (work programmes 2022 and 2024). Additional contributing partnership arrangements are expected for the 2025 work programme.

The bi-annual EDCTP Forum is the platform to interact with stakeholders. The 10th EDCTP Forum in Paris on the occasion of the 20th anniversary of the programme gathered 1,118 delegates from 64 countries. These forums have allowed gathering strategic input for the EDCTP2 programme. They were instrumental in developing the strategic research agenda for GH EDCTP3¹¹ and the Paris event was an occasion to give input for the further development of the programme established as a Joint Undertaking after the initial two years of operation.

EDCTP2 had a Scientific Advisory Committee (SAC) to provide formal input on the programming and the performance of the partnership. The chair of the SAC provides regular updates at the General Assembly meetings. Agendas and summaries and actions are published online.¹² GH EDCTP3 has a Scientific Committee and a Stakeholder Forum. The chair of the Scientific Committee prepares a report about the work of the group, which is published online¹³. The efficiency of the consultation is evidenced by the rapid consultation on priorities for the emergency call on Mpox, where GH EDCTP3 published the first call for proposals of any major funding organisation and projects started two weeks before the WHO declared the public health emergency. The European Commission side in the partnership has an interservice group at working level and decisions are taken collegially amongst the Senior Managers from the services represented in the Governing Board. The EDCTP Association also has formal procedures for establishing its position in the Governing Board and for providing input to the operation of the programme. Important issues are put to a formal vote of the members of the EDCTP Association at their General Assembly.

¹¹ The transparent process for developing the SRIA is described on page 13 of the SRIA, accessible at: <https://globalhealth-edctp3.eu/sites/default/files/2023-05/EDCTP3%20SRIA.pdf>

¹² <https://www.edctp.org/about-us/scientific-advisory-committee/>

¹³ Third meeting: [Scientific Committee - Meeting Report of Third Meeting \(05/2023\) | Global Health - EDCTP3](#)
Second meeting: [Scientific Committee - Meeting Report of Second Meeting \(08/2022\) | Global Health - EDCTP3](#)

4. Efficiency

The overall costs of the EDCTP for the period of 2014-2023 are EUR 1.72 billion and includes operational costs of EUR 858 million, EUR 39.27 million running costs, and EUR 819.6 million In-Kind Contributions to Additional Activities (IKAA) by the countries of the EDCTP Association. This translates into a ratio for the running costs of 4.4% of overall operational and running costs, demonstrating operational efficiency.

The table below includes the total **operational costs** (EU contributions; Validated IKOP; Financial contributions to operational activities by JU partners; Eligible project costs funded by non-JU members to project activities; Contribution from Member States and international organizations to project activities), **IKAA** (In-Kind Contributions to Additional Activities; IKAA expected to be certified between 2025 and 2027; **PSIAs** already accepted for EDCTP2) and **running costs** (contributions from the EU and from sources other than the EU) for the period 2014 to 2023.

Operational and administrative expenditures of the JUs (source: CORDA database)

The table includes data for Global Health EDCTP2 and Global Health EDCTP3

OC: Operational Costs; **IKAA & PSIAs**: Expected to be certified IKAA and Accepted PSIAs; **RC**: Running Costs

	2014 [EUR]	2015 [EUR]	2016 [EUR]	2017 [EUR]	2018 [EUR]	2019 [EUR]	2020 [EUR]	2021 [EUR]	2022 [EUR]	2023 [EUR]	Total
OC	14,400,000	93,558,381	141,324,722	151,192,602	124,160,048	112,916,807	110,208,569	-	3,691,250	106,882,823	858,335,204
IKAA & PSIAs	218,281,049	80,576,067	168,550,461	89,602,053	49,203,084	38,121,025	22,445,279	-	-	152,821,896	819,600,914
RC	-	1,946,562	4,885,683	4,916,325	4,712,898	4,749,352	4,192,955	4,534,264	4,268,917	5,058,383	39,265,339

The second interim evaluation of the EDCTP2 programme concluded that the partnership is generally cost-effective.

According to the EDCTP2 Annual Progress Report 2023, the time between call closure and signing of the grant agreement (time-to-grant) was 11.42 months on average for all projects and 5 months during the emergency created by COVID. The applicants received an invitation to grant agreement preparation in 4.63 months on average (time-to-inform) while 6.79 months on average passed till they concluded grant agreement preparation with EDCTP (time-to-sign). As described in the second interim EDCTP2 evaluation, the delays are primarily caused by the lack of resources for legal support within EDCTP2 compared to the EC's Participant Identification Code system. Additionally, legal support takes substantial time for member organisations from sub-Saharan Africa. Despite the relatively long time-to-grant (in comparison to Horizon Europe's benchmark of 8 months for time-to-grant), there are examples where lessons learned from launching past calls have benefited the next calls. However, the COVID-19 pandemic has caused further delays as many institutions were closed due to lockdown, as has the time dedicated to ethics assessments. Examples include projects that were funded during the 2018 Ebola outbreak and the process used to activate the mechanism in response to the COVID-19 pandemic. This resulted in a significant reduction of time-to-grant, which is now 5.42 months.

The external interim evaluation report stressed the efforts of the Programme Office to ensure efficient administrative spending¹⁴. The European Commission ensured the proper functioning of the JU before it became financially autonomous in November 2023¹⁵. These in-kind EU contributions to the running costs have not been separately accounted for and are not included in the assessment of this evaluation. All JUs agreed so-called common back-office arrangements for HR, IT, accounting and procurement.

The set-up of the new JU was more resource intensive than had been anticipated. It was marked by challenges and delays, influenced by insufficient resources available to allow the organisation to be created from scratch. Setting up a new Joint Undertaking is challenging for the operational service tasked with the work but more resources could be devoted by the Commission. While there is evidence of the efficiency and dedication of the lead staff that set up the organisation, the senior management recruitment was slow, particularly the recruitment procedure for the Executive Director took more than 15 months¹⁶. The Commission requirements for this procedure could be reviewed as it includes many consecutive assessments and high-level interviews (pre-selection panel, selection panel interviews, assessment centre, interview with the lead Commissioner, Commission decision on the shortlist, and then the interviews and selection by the Governing Board) that each add only marginal benefit to an overly complex process. Other delays were caused by external factors, such as the lack of clarity on the conditions for UK participation shortly after they withdrew from the EU.

The TTI and TTG are as indicated in the table:

JU name	Signed Grants	Average Time-to-inform (TTI)	Average Time-to-signature (TTS)	Average Time-to-grant (TTG) Target: 245	% below TTG target (less than 245 days Time-to-grant)
EDCTP2	439	136	212	347	15%
Global Health EDCTP3 JU	70	108	146	257	49%

As of July 2024, the time-to-grant (TTG) indicator target for Horizon Europe has not been met for around 60% of GH EDCTP 3 grants. The JU's performance may have been negatively affected by the fact that it was still in the set-up phase with staff being recruited and not a sufficient number of staff available for managing the high workload. Delays on the path to grant signature, experienced end 2022/early 2023, were mainly due to external factors, namely a lack of legal clarity to what extent UK participants were eligible for EU funding following their withdrawal from the EU. There have been considerable improvements throughout 2024, as demonstrated in the emergency call for Mpox. The time-to-grant is already a considerable improvement to the predecessor programme EDCTP2.

No evidence on the average costs for applicants is available. For the Global Health EDCTP3, 174 eligible proposals were submitted until end of 2023, resulting in 65 projects. This translates

¹⁴ European Partnership for the Global Health EDCTP3 joint undertaking – Evaluation support study on Horizon Europe's contribution to a resilient Europe, 2024, p.10

¹⁵ Article 173 (1) of the (EU) 2021/2085 Council Regulation

¹⁶ Publication of the vacancy on 7 June 2022, closing date 18 July 2022 (COM/2022/20082, OJ, C 221A, 7.6.2022, p. 14–19) decision by the GB on 18 September 2023; The selected candidate was fortunately willing and able to start as Executive Director on 16 November 2023, such preventing an even longer delay.

into a success rate of 37% for all applicants. The programme also uses two-stage application procedures to the extent possible. For the 2024 work programme all topics, except the emergency call under Mpox (need for a quick process made two-stage procedure impossible), were opened in a two-stage call procedure. This approach should limit the cost for applicants since the majority of non-successful applicants need to prepare only outline proposals. Even for a two-stage call process care must be taken that one does not have too high oversubscription. With about 50% of outline proposals invited to the second stage, a good success rate also for topics open under a two-stage call process was achieved so far¹⁷. This data suggests that the call for proposals were targeted well, following appropriate and relevant consultations with stakeholders and amongst the founding partners.

GH EDCTP3 carried out info days, which achieved high participations, further reducing the effort of applicants. For the 2024 calls info days in EN, FR and PT were organised, thus covering the main languages in sub-Saharan Africa¹⁸. Furthermore, the EDCTP Association runs the EDCTP Africa office - with funding from the GH EDCTP3 programme. One of the tasks of the Africa office is to support applicants closer to where they are located. Staff from the office present at numerous events in sub-Saharan Africa and are also contributing to the info days organised by the Secretariat.

5. Coherence and synergies

The task of ensuring internal coherence of EDCTP2 falls in the first instance on the EDCTP Secretariat and the oversight by the EDCTP Association on the one hand the formal approval of the work programmes by the European Commission.¹⁹ The Scientific Advisory Committee composed of highly regarded international scientists and clinical researchers provided input on programming and review of ongoing projects.

To contribute to achieving internal coherence of its activities, the EDCTP2 programme created four so-called Networks of Excellence²⁰. Each of the networks brings together neighbouring African countries (Central Africa, East Africa, West Africa, South Africa) as well as several European countries. The networks served to create capacity and to support research in chosen areas (such as the poverty-related diseases HIV/AIDS, Malaria and TB for the Central Africa network CANTAM²¹).

In the programming for EDCTP2 care was taken to align the activities with funding from the Horizon 2020 programme, such as the funding of the large UNITE4TB network supported by the Innovative Medicines Initiative IMI2.²²

The external evaluation of EDCTP2²³ concluded that internally **EDCTP2's coherence is most evident from synergies and complementarities between the centrally managed activities and the Participating States Initiated Activities (PSIAs)** notably from the EU Member

¹⁷ No topics open for two-stage calls under the 2022 work programme, two topics under the 2023 work programme and 6 topics under the 2024 work programme

¹⁸ Recordings of the info day events are accessible via the GH EDCTP3 website at: <https://globalhealth-edctp3.eu/past-events>

¹⁹ Including a formal interservice consultation within the European Commission

²⁰ <https://www.edctp.org/our-work/edctp-regional-networks-of-excellence/>

²¹ <https://cantam.org/>

²² <https://www.imi.europa.eu/projects-results/project-factsheets/unite4tb>

²³ European Partnership for the Global Health EDCTP3 joint undertaking – Evaluation support study on Horizon Europe's contribution to a resilient Europe, 2024

States. EDCTP2 encourages synergies and closer collaboration of countries involved through PSIAAs which form a substantial part of in-kind contributions. PSIAAs and centrally managed activities **could be further strategically integrated** to ensure that the extent of synergies and complementarities are increased. However, it was also noted that EDCTP2 is already actively investing efforts in this area and will continue to do so under Horizon Europe, as well while transitioning towards GH EDCTP3.

EDCTP2 maintains a high level of coherence with other partnerships supported by the EU and its Member States. The partnership maintains a strategic focus on building collaboration with industry, like-minded organisations, product development partnerships (PDPs), research funders and development cooperation agencies, including other partnerships under Horizon Europe. EDCTP2 under Horizon Europe continues to coordinate its activities among itself and other relevant European partnerships, such as Gavi, the Global Fund, and GloPID-R, among others. As also noted in the Biennial Monitoring Report 2022 on Partnerships in Horizon Europe, EDCTP has successfully partnered with the World Health Organization (WHO), has become an active member of the ESSENCE on Health Research platform, and member-observer of the Global Research Collaboration for Infectious Disease Preparedness GloPID-R network.

GH EDCTP3 aims to increase **external coherence** and interactions with other EU initiatives and partnerships, including those linked to development assistance, enabling the programme and development partnerships to achieve synergies and greater impact than they would by working independently²⁴. To date, GH EDCTP3's activities have contributed to the EU's Global Health Strategy, in which it is explicitly mentioned²⁵. The JU has established a Stakeholder Group as per the requirements of the Regulation, as a measure to avoid gaps, help foster collaborations within the health sector, and to discover links with adjacent activities. In addition, GH EDCTP3 has established a regular dialogue between the Secretariat and Commission services (RTD, INTPA, SANTE, HERA, GROW) to identify synergies and establish a coordination mechanism with the Team Europe Initiatives on Manufacturing, Digital Health, Health Security and Support to National Public Health Institutes in Sub-Saharan Africa.

Concerning **global health stakeholders**, GH EDCTP3 has launched a collaboration with the Gates Foundation. The collaboration will involve cooperation in advancing genomic epidemiology for surveillance and control of poverty-related and emerging/re-emerging infections in sub-Saharan Africa. This builds on the need for stronger global health security and pathogen genomics sequencing; leveraging investments and innovations developed in response to COVID-19 for other pressing global health needs; strengthening locally led R&D ecosystems for global health; and improving equity and access to health innovations in the short, medium and long term²⁶. Stable and long-term funding from the EU makes GH EDCTP3 an attractive partner to global health actors, such as the Gates Foundation. The EDCTP programme also worked with the Gates Foundation, covering topics such as capacity building for clinical trials, clinical research activities, and similar.

²⁴ The Global Health EDCTP3 Joint Undertaking (2022). Strategic Research and Innovation Agenda. p. 8.

²⁵ https://health.ec.europa.eu/system/files/2023-10/international_ghs-report-2022_en.pdf, pages 23 and 31

²⁶ European Commission (2022). The European Commission and the Bill & Melinda Gates Foundation progress research cooperation to combat infectious diseases in Africa.

The partnership is coherent with **the wider EU policy framework and global priorities**, notably the EU [Global Health Strategy](#), where it is highlighted as a key action to reduce the burden of infectious diseases in sub-Saharan Africa, also addressing the rising threat of antimicrobial resistance and climate-crisis-related infectious disease challenges. **The scope of EDCTP2's activities (late-stage clinical trials, neglected tropical diseases, focus on low-resource settings) had been addressed only to a small extent through other Horizon 2020 actions**, notably the Health Cluster²⁷. The EDCTP2 is therefore identified as a strong complement to the Horizon Programme.

GH EDCTP3 applies coherence and synergies with other European programmes and initiatives under Horizon Europe, such as the European partnerships of Innovative Health Initiative (IHI), DG HERA (Health Emergency Response Authority), European Medicine Agency (EMA), One Health AMR, Animal Health and Welfare, Transformation of Health Care Systems, and Fostering an ERA for Health Research²⁸.

GH EDCTP3 is the main tool to implement the Public Health priority agreed under the [AU-EU Innovation Agenda](#) that was adopted by EU and AU ministers in July 2023 to strengthen EU-Africa cooperation under Horizon Europe.

GH EDCTP3 achieves a high level of internal and external coherence between the internal activities of GH EDCTP3 and other externally funded activities in the global health field. GH EDCTP3 is dedicating **efforts to anticipate the potential external synergies with Horizon Europe and other major global health actors**. GH EDCTP3 ensures **internal coherence** by reviewing the conditions of calls for proposals, aiming to establish or restrict their potential achievements, and adapting to other ongoing developments through collaboration to avoid duplications. For instance, the call “HORIZON-JU-GH-EDCTP3-2022-CALL1-01-03: Genomic epidemiology for surveillance and control of poverty-related and emerging/re-emerging infections in sub-Saharan Africa” launched in 2022 was drafted precisely from the start considering potential coherences and synergies as GH EDCTP3 aimed to establish collaboration between different consortia. This was achieved through the **creation of a joint work package** and the negotiations of a collaboration agreement through which the involved stakeholders collaborated, in accordance with the provisions of the Horizon Europe model grant agreement, Art. 7. As more monitoring data are collected, analysis of synergies with national programmes based on information received by the Member States could be performed to enhance internal coherence as well.

Other **European partnerships of relevance** for GH EDCTP3 and potential areas of synergies and complementarities include Innovative Health Initiative (IHI), One Health AMR, Animal Health: fighting infectious diseases, Large-scale innovation and transformation of health systems in a digital and ageing society, Fostering an ERA for Health research, Personalised Medicine, Key Digital Technologies, High-Performance Computing, Smart Networks and

²⁷ European Commission (2021). COMMISSION STAFF WORKING DOCUMENT IMPACT ASSESSMENT. Accompanying the document. Proposal for a COUNCIL REGULATION establishing the Joint Undertakings under Horizon Europe EU-Africa Global Health Partnership {COM(2021) 87 final} - {SEC(2021) 100 final} - {SWD(2021) 38 final}.

²⁸ European Commission (2022). Performance of European Partnerships. Biennial Monitoring Report 2022 on Partnerships in Horizon Europe.

Services²⁹. Regarding **actors in Africa**, the GH EDCTP3 collaboration with Africa CDC (Centers for Disease Control) facilitates African countries in developing their research agenda in line with the African Research Agenda³⁰. All the new calls for proposals recognise the important role of climate change in health and include a horizontal component on this. The Memorandum of Understanding signed between the European Commission and the Africa CDC mentions the EDCTP as important partnership.

6. EU added value

The EDCTP addresses diseases that are particularly prevalent in resource-poor settings but are affecting EU citizens as well, either at home or when travelling (e.g. HIV, Tuberculosis, Malaria, Mpox). The EDCTP also addresses so-called neglected diseases that are either rare or are affecting poor countries or poor people, that would find it difficult to produce the demand that the private sector would require for investing in such research. And the EDCTP invests in strengthening scientific, laboratory, regulatory capacity in Africa that improves disease surveillance of pandemic prone viruses. More effective interventions against global infectious diseases, neglected infectious diseases, stronger surveillance and pandemic preparedness in Africa are in the interest of the EU and increase the welfare of its citizens.

There is evidence that the **implementation of many projects funded by EDCTP2 would not have been possible without the contributions** from the programme: The analysis of EDCTP2's flagship initiatives by the second interim evaluation of EDCTP2 revealed that for some projects, such as ScreenTB, there was no other funding source available that would enable **clinical trials at the scale, scope, and timeframe** which was made possible through the funding provided by EDCTP2. In addition, projects on malaria vaccines such as MMVC³¹, **benefitted strongly from the collaborative nature** of EDCTP2. Additionally, there are severe issues affecting vaccine manufacturing on the continent. Collaborations with countries in Europe and beyond have allowed addressing such challenges and find ways to achieve outcomes that would otherwise not be possible at the national or regional level.

There are at least 29 African countries where EDCTP2 is the predominant source of financing for clinical studies in specific disease areas particularly affecting these countries. It can be reasonably assumed that there would not be any research otherwise on the diseases particularly affecting these countries. Examples include studies on Schistosomiasis in Ethiopia and Human African Trypanosomiasis³² in Guinea, where EDCTP2 has two clinical studies registered in each. The **programme has proved to be highly collaborative**. The added value of EDCTP2 was evident through the **development of new partnerships that extend beyond the established historical links and overcome language barriers**. These types of partnerships are characterised by collaborations uniting anglophone, francophone and lusophone countries in sub-Saharan Africa. The connections were not only broadened by the collaboration between the European and African countries but also between countries and institutions within the African region.

²⁹ The Global Health EDCTP3 Joint Undertaking (2022). Strategic Research and Innovation Agenda. pp. 27-28.

³⁰ Bendana, C. (13 October 2023). I advocate an African research agenda for African development. Nature.

³¹ RIA2016V-1649

³² Neglected Infectious Disease.

EDCTP2 adds value by **helping to achieve a critical mass of resources and develop or secure the necessary expertise in the areas of specific topics/diseases**. The importance of coordinated and coherent EU action around achieving a critical mass of organisations, countries and investments is particularly evident given the current fragmentation of research in the area of poverty-related infectious diseases in sub-Saharan Africa³³. Such efforts helped to address the **COVID-19 research and vaccine development** as well as other research and product development activities, particularly in the disease areas of **HIV, TB, and malaria**. This concerted effort to find cures or more effective treatments against persistent global killers thus generates safety and health benefits, globally and for EU society, additional to what could otherwise have been achieved at national and international level.

According to the external evaluation support study, GH EDCTP3 has brought exceptional EU added value in several areas through its initial activities between 2021-2023³⁵. The EDCTP programme **has made major contributions** to the development of vaccines, diagnostics, and treatments for the most important infectious diseases affecting sub-Saharan Africa. It has also **triggered the creation or capacity improvement** of several clinical trial sites (in the Republic of Guinea, Guinea Bissau, Mozambique, Namibia, Senegal and Tanzania), as well as the establishment of the first African clinical trials networks in the sub-Saharan regions³⁴. GH EDCTP3 **has generated EU added value in the areas of medical interventions and capacity building**. GH EDCTP3 **is expected to generate high-quality data** on the safety and efficacy of new diagnostics, preventive tools, and treatments. This will accelerate their progression through clinical evaluation pathways and through implementation research providing policymakers with key evidence to inform their decision-making to reduce the disease burden. The objective is to ensure that all populations in sub-Saharan Africa can benefit from GH EDCTP3 activities³⁵.

GH EDCTP3 is expected to ensure that countries in sub-Saharan Africa are better able to plan, lead, and conduct the clinical studies required to counter the infectious disease threats that they face. They will be better prepared to prevent and manage outbreaks of emerging and re-emerging infections and drug-resistant infections, safeguarding national and global health security, and anticipating key health impacts of the climate crisis.

7. Relevance

In order to maintain relevance of the partnership objectives, there is an inclusive and transparent process of preparing the annual Strategic Research Agendas, that involves the scientific community, the governments of countries in Europe and Africa. There is also coordination between the **EDCTP2's activities centrally managed programmes and those supported by the European and African countries** that are counted as in-kind contributions to the programme.

³³ COMMISSION STAFF WORKING DOCUMENT IMPACT ASSESSMENT. Accompanying the document. Proposal for a COUNCIL REGULATION establishing the Joint Undertakings under Horizon Europe EU-Africa Global Health Partnership {COM(2021) 87 final} - {SEC(2021) 100 final} - {SWD(2021) 38 final}.

³⁴ European Commission. Performance of European Partnerships. Biennial Monitoring Report 2022 on Partnerships in Horizon Europe. p. 91.

³⁵ The Global Health EDCTP3 Joint Undertaking (2022). Strategic Research and Innovation Agenda. p. 4.

EDCTP2 has been relevant to the objectives of Horizon Europe's Pillar II Cluster 1 of Health such as to promote and protect human health and well-being, to prevent diseases and decrease disease burden. Tackling infectious diseases is one of the priorities in the newest EU Global Health Strategy released in 2022³⁶. The relevant objectives of EDCTP2 have also been taken over effectively by the Global Health EDCTP3 Joint Undertaking under Horizon Europe during the transition period 2022-2026.

GH EDCTP3 objectives **consider the challenges and needs** addressed in the health area by Horizon Europe⁵: They correspond to the area of intervention of infectious diseases including poverty-related and neglected diseases and the need for medical interventions to tackle them³⁷. The Global Health EDCTP3 also **correspond to the broader objectives of the EU's Global Health Strategy**. GH EDCTP3 is mentioned as key initiative in the EU's Global Health Strategy. GH EDCTP3 is one of the action points under this guiding principle, particularly to ensure that innovative vaccines, treatments, and diagnostics for new, prevalent, or neglected infectious and non-communicable diseases, are developed and used³⁸.

To achieve a stronger global health leadership than the preceding EDCTP2 initiative, **the scope of the EDCTP3 JU has been extended** to cover response to emerging infectious disease threats, the increasing problems of antimicrobial resistance (AMR), and climate-crisis-related infectious disease challenges and the interaction with non-communicable diseases co-morbidities³⁹. It is to be noted that GH EDCTP3 is still highly focused on infectious diseases, while the global health field is more versatile and includes more than infectious diseases topics.

It is also to be noted that the geographic scope is focused on Sub-Saharan Africa, while some of the infectious diseases covered are also prevalent in resource-poor settings in other world regions, e.g. in Latin America.

At the same time, GH EDCTP3 has a finite amount of funding and not all topics in the global health field can be funded, therefore, it is important to **clearly and timely communicate to potential applicants about the topics** (and rationale for the strategic prioritisation) that GH EDCTP3 intends to fund in the future in line with its scope. Future programmes may want to consider gently broadening the technical and geographic scope with additional resources.

³⁶ Directorate-General for Health and Food Safety & Directorate-General for International Partnerships. EU Global Health Strategy: Better Health for All in a Changing World (2022).

³⁷ European Commission (n.d.) Cluster 1: Health. https://research-and-innovation.ec.europa.eu/funding/funding-opportunities/funding-programmes-and-open-calls/horizon-europe/cluster-1-health_en

³⁸ EU Global Health Strategy. Better Health For All in a Changing World (2022). p. 10.

³⁹ COUNCIL REGULATION (EU) 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe. p. 29.

The second interim evaluation found that EDCTP2 mounted a **rapid and flexible response to the COVID-19 pandemic**. Additionally, the processes included capacity building and enabled institutions with less experience in these processes to submit more successful applications. As the COVID-19 pandemic negatively impacted the implementation of some of the EDCTP2 projects, EDCTP received and processed 79 amendments in 2022 for the affected projects of which 70 were extended in duration due to COVID-19-related challenges⁴⁰ and 77 amendments in 2023, of which 61 were extensions of the duration. The GH EDCTP3 also continues to be flexible in addressing the changing needs and challenges, while updating its strategic documents. In its Work Programme 2023, GH EDCTP3 included the action of funding to successfully finalise clinical trials from EDCTP2, which have been negatively impacted by the COVID-19 pandemic.

In 2024, an emergency call was set up to address the outbreak of Mpox in the DR Congo that affected neighbouring countries and showed a new genetic variant and new transmission pathways that were of concern. Within two weeks of an emergency meeting held by the government of DRC, Africa CDC, and the WHO an emergency call was launched following consultation with key stakeholders and the scientific community assembled in the governance committees of the Global Health EDCTP3. Within a further six weeks, up to nine successful research proposals were approved for funding, five of which started two weeks before the WHO declared the outbreak a public health emergency. Additional funding for the emergency call were attracted from France and the UK.

8. Directionality

With the long timelines of clinical development of new health technologies, GH EDCTP3 under Horizon Europe is expected to only develop approved interventions in the years to come. The emergency call for Mpox has positioned the EDCTP3 as an effective instrument to launch emergency calls quickly. With the projects being funded from this and the other initial calls for proposals, the chances are high that approved/widely used interventions for fighting infectious diseases will be developed.

The predecessor programme EDCTP2 has demonstrated to deliver on its mission of supporting clinical research for bringing new interventions to the citizens and patients in sub-Saharan Africa and worldwide. Perhaps the most notable success in this regard is the contribution from EDCTP2 through several projects which led to a recommendation by the WHO in 2022 to use two Malaria vaccines in children⁴¹. Other important developments were new treatments for two neglected infectious diseases (sleeping sickness, bilharzia), and improved treatments for HIV and diseases that particularly affect HIV-patients(cryptococcal meningitis).

With its focus on fostering late-stage clinical research addressing infectious diseases in sub-Saharan Africa, It is expected that strengthening clinical research collaborations between Europe and sub-Saharan Africa will have an indirect effect on European competitiveness through promotion of clinical research and related capacities also in EU member states.

⁴⁰ ECDCTP Annual Progress Report 2022. Version 1.

⁴¹ <https://www.who.int/initiatives/malaria-vaccine-implementation-programme>

9. International positioning

According to the external evaluation⁵ and following on from the predecessor programmes, **GH EDCTP3 continues to act as a global ambassador for the European R&I system** to establish global relevance, achieve a scientific and technological reputation in the international context and serve as a hub for international cooperation.

The JU supports research in line with the objectives of WHO (WHO R&D Blueprint Global Coordination Mechanism, initiatives coordinated by WHO global disease programmes); ESSENCE on Health Research platform; Coalition for Epidemic Preparedness and Innovation (CEPI); Global Research Collaboration for Infectious Disease Preparedness GloPID-R network⁴². It further collaborates with the Gates Foundation to leverage the genomic sequencing capacity being built in Africa⁴³. GH EDCTP3 also aims to **address the complementarity and coherence with other activities** supported by the EU and EU Member States; for example, EDCTP Regional Networks of Excellence, the health systems dimension of the Global Gateway investment package, various Team Europe initiatives such as the Team Europe initiative (TEI) on Manufacturing and Access to Vaccines, and Medicines and Health Technologies (MAV+) in Africa⁴⁴.

GH EDCTP3 has **a high level of visibility, particularly among European and sub-Saharan African states** based on the previous work of EDCTP1 and EDCTP2⁴⁵. Compared to its predecessors, GH EDCTP3 involves a greater number of states that are committed to GH EDCTP3 as members of the EDCTP Association, including 15 European and currently 29 African states which increases the level of international cooperation at the partnership level. Global Health EDCTP3 exploits results from the predecessor programme and have issued calls that build on results from previous EDCTP programmes and by working in collaboration with the EDCTP Secretariat for organising events, workshops and presenting at conferences and meetings⁴⁶, where the visibility aspects can be further addressed, notably the EDCTP Forum held in Paris in 2023.

10. Phasing-out preparedness

According to Article 17(2)(a1) of the Single Basic Act⁴⁷, all Joint Undertakings have the legal obligation to adopt a plan for the phasing-out of the partnership from Horizon Europe funding by the end of 2023. The aim of the plan is to ensure a smooth continuation of the JUs' activities in the scenario of no funds available under the next Framework Programme. In this perspective, JUs are asked to perform an in-depth reflection on a phasing out strategy leading to a lesser dependence from the Union contribution.

⁴² European Commission. Performance of European Partnerships. Biennial Monitoring Report 2022 on Partnerships in Horizon Europe. p. 62

⁴³ GH EDCTP3 Annual Work Programme 2022. pp. 7-8

⁴⁴ GH EDCTP3 Work programme 2022. Global Health EDCTP3 Call topics. Page 19

⁴⁵ European Commission. Performance of European Partnerships. Biennial Monitoring Report 2022 on Partnerships in Horizon Europe. p. 62

⁴⁶ GH EDCTP3 Annual Work Programme 2022. Page 10

⁴⁷ Council Regulation (EU) 2021/2085 establishing the Joint Undertakings under Horizon Europe.

In detail, the plan should include administrative and operational adaptations, which should allow the JU to proceed with its activities in case of no Union funding under the next Framework Programme. In detail, the adaptations concern several aspects, such as legal status, staffing, accounting and cashflow, procurement, logistic and IT, follow up of the grant agreement obligations after the end of projects.

Also, concerning the policy aspects, the phasing out plan should include concrete reflections on short- and long-term targets, strategic alignment and financial sustainability. The aim is to develop a strategy enabling the JU to obtain the objectives beyond the duration of the Union's participation.

The Governing Board of GH EDCTP3 adopted the phasing out plan in January 2024⁴⁸. In detail the document states that the partnership with the current level of ambition is not financially sustainable without EU funding. The private member EDCTP Association could task itself with the continuation of implementation of the policy objectives of the JU, as it did implement a programme under Article 185 of the TFEU in the past. In a scenario without EU funding, the EU would not be part of this partnership and the EDCTP Association may lack resources to fund research projects on its own, unless its members decide to contribute financially for this purpose. The governance structure already exists within the association. The interim evaluation report refers from stakeholder interviews that *“public funding will always remain a key source of contributions to the EDCTP programme, including the Global Health EDCTP3 JU as the programme deals with issues in the global health field that are not always financially attractive to the private sector”*⁴⁹

Concerning the staff, a gradual reduction to a total of 16 for 2031 compared to a peak of 34 staff from 2024 through 2027 is foreseen, with the first staff reduction in 2028.⁵⁰ A commensurate progressive reduction in running costs is planned for the years after 2027, with a lump sum for the years 2027 through 2031 provided from the EU budget⁵¹. Staff contracts are limited to the lifetime of the agency and will end at the latest on 31 December 2031.

It can be expected that a number of projects will not have been finalised by 31 December 2031, even assuming appropriate planning (less new funding available in later years), due to the timelines of programme implementation procedures and the long project duration of the type of projects funded by GH EDCTP3. The European Commission, or an agency tasked by the Commission with implementing legacy Horizon Europe grants, will then have to take over the follow-up of grants that are not finalised by the foreseen end of the partnership.

The phasing out plan adopted by the Governing Board addresses items such as phasing out of staff, contracts and activities. The nature of the activities of GH EDCTP3 will likely lead to grants still not being finalised. This is certainly to be expected if comparing with the experience of the European Commission implementing grants of a similar type of activity.

For future iterations of the phasing out plan, the EDCTP Association could be asked to provide a more detailed discussion of the possibilities for future funding activities within the scope of GH EDCTP3 in a coordinated manner. In view of the well-established office and the significant

⁴⁸ https://globalhealth-edctp3.eu/sites/default/files/2024-02/GH-EDCTP3-GB.05.2024-Phasing_out.pdf

⁴⁹ European Partnership for the Global Health EDCTP3 joint undertaking – Evaluation support study on Horizon Europe's contribution to a resilient Europe, 2024, p.23

⁵⁰ Section 3.2.2. Pages 217-218 of COM(2021) 87 final; 2021/0048 (NLE)

⁵¹ Section 3.2.1. Page 215 of COM(2021) 87 final; 2021/0048 (NLE)

activities at the level of EU Member States, some level of coordinated funding in partnership with countries from sub-Saharan Africa should be possible.